

**VACATION BIBLE SCHOOL  
AUGUST 20-24, 2018  
CHRIST THE KING LUTHERAN CHURCH  
REGISTRATION DEADLINE: AUGUST 15**

**REGISTRATION/MEDICAL HISTORY/EMERGENCY INFORMATION &  
AUTHORIZATION/MEDIA RELEASE**

Full Name \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Grade entering in fall 2018: \_\_\_\_\_ School: \_\_\_\_\_  
Home congregation: CtK Hope Other: \_\_\_\_\_  
Home mailing address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home physical address (if different): \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Custodial parent/guardian(s): \_\_\_\_\_ Home phone: \_\_\_\_\_  
Work/cell phone – Father: \_\_\_\_\_ Mother: \_\_\_\_\_  
Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Insurance information:** Is the person named above covered by family medical/hospital insurance? Yes No  
If so, indicate carrier or plan name: \_\_\_\_\_ Group #: \_\_\_\_\_  
Carrier address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance ID number of policy holder \_\_\_\_\_

**Special conditions:** Please list any allergies, dietary needs, medications or health concerns Day Camp staff and volunteers should be aware of (attach separate sheet if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Immunizations** Are up to date \_\_\_\_\_ Not up to date \_\_\_\_\_ Date of last Tetanus Shot \_\_\_\_\_  
**Family Doctor:** \_\_\_\_\_ Phone: \_\_\_\_\_

**1) Authorization for Medical Treatment**  
The information provided on this form is correct to the best of my knowledge. The student named above is only taking medications listed on this form, has no allergies except those listed, has no physical or mental disability that would impair his/her time at the retreat except as noted on this form.

I, the undersigned, do hereby authorize a representative of Christ the King Lutheran Church (or hospital medical personnel if in transit) to consent to and authorize the administration and performance of all treatments that may be considered advisable or necessary in the judgment of attending physicians, in the event that \_\_\_\_\_

(name of participant)

should be admitted to any hospital, or need any medical treatment. This authorization shall be in effect August 21st as the aforementioned young person is participating in events with the CtK retreat.  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Legal Guardian, if participant is under 18)

**AGREEMENT AND RELEASE OF LIABILITY**

*(to be signed by parent or guardian of minor participant)*

As parent/legal guardian of the minor named above, I hereby assent to the foregoing agreement on my own behalf and on behalf of the minor and her/his heirs and assigns. I further accept unto myself all responsibility and all liability for any injury, death or other claim, loss or damage that occurs to me and/or to the minor in connection with the minor's participation in Vacation Bible School.

I will indemnify and hold harmless the congregations, the ELCA, their agents, affiliates and successors from all claims, judgments, and cost, including attorney's fees, incurred in connection with any action that may be brought as a result of the minor's participation in Vacation Bible School.

I have carefully read this agreement and release and I fully understand its contents.

Parent/Guardian Name (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDIA RELEASE**

By submitting this form I allow the release of my child's name and image for congregational use (newsletters, websites, bulletin boards, etc.), and that photos/videos produced during Vacation Bible School become the property of the congregations and can be used for congregation-related purposes and publicity.

Parent/Guardian Name (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_